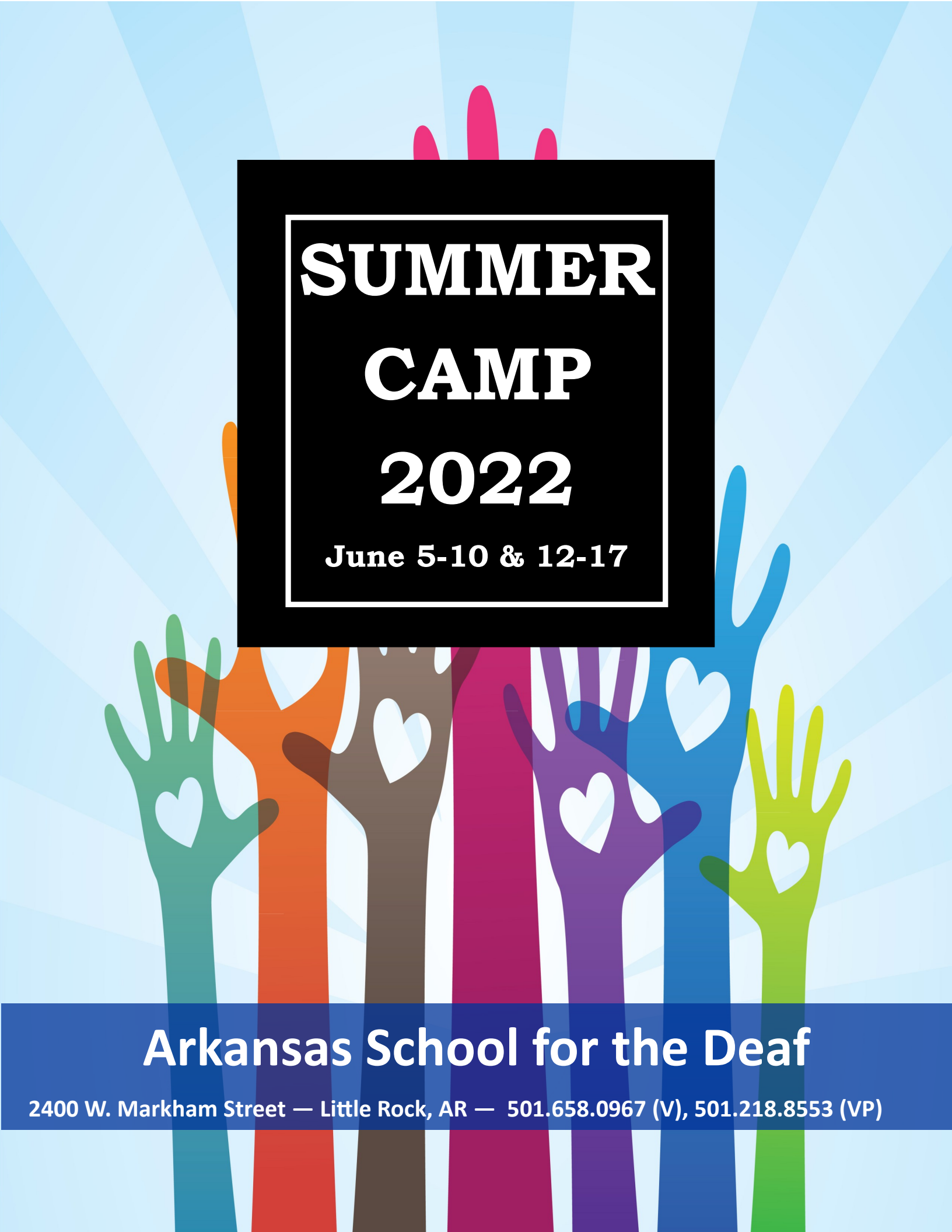


Arkansas School for the Deaf

2400 W. Markham Street — Little Rock, AR — 501.658.0967 (V), 501.218.8553 (VP)

Dear Parents and Campers,

We truly appreciate your interest in spending your summer with us at ASD Summer Camp. We have been creating happy campers and we are excited that 2022 will be the ultimate summer adventure!

At ASD Summer Camp, we strive to provide our campers with opportunities to explore new sports and activities, to create long-lasting bonds with fellow campers and camp counselors, experience adventure and discover a lifelong passion for summer camp. We have created a remarkable camp program that will provide campers of all ages with an experience they will never forget. From our most popular game – "9-Square in the Air" to swimming at a various different locations kayaking down our river, and special guest visitors, campers at ASD Summer Camp will have a summer filled with friendships, fun, and adventure.

As we get ready to start our summer camp season, I want to make sure that every camper, parent, camp counselor, and camp staff has the ultimate summer adventure. My camp office door is always open and I welcome you to please reach out to me at any time if you should have questions or need information about our summer camp program.

Your Camp Director,

Kevin Kenreich

Let's make 2022 the Ultimate Summer Adventure!

General Information 2022

Education

STEM, Drone, Marble Run, Cyber Security

Camp Dates

June 5 – 10 & 12 - 17

Field Trips

Little Rock Zoo, Discovery Museum, Dairy Queen
Canoeing, Swimming Pool, Third Realm Trampoline

Activities

Arts, Craft, Outdoor Game
Indoor Games, Dance, Skill Games

Register On-line

www.ARSchoolforthedeaf.org

$ Cost per Camper $

$50 per child
$25 sibling each

Special Trip for MS & HS

- This is for Middle and High school students only
- Special trip to River View Cabin & Canoe (RVCC) June 13-16, 2022

  Learn about nature, ecosystem, and identify various plants
- Trip to Silver Dollar City in Branson, Missouri on June 9, 2022

Not sure, Let us help you

- Is your child age 8 to 18 and resident of Arkansas?
- Is your child Deaf, Hard of Hearing, Children of Deaf Adult (CODA), or Siblings of Deaf Adult (SODA)?
- Are you thinking about transferring your child to ASD? Try Summer Camp to see if your child like it?
- Do you desire to improve the communication between your Deaf child and their siblings?

If you said **Yes**, Please sign up online and reserve!

IMPORTANT INFORMATION

1. Programs open to deaf, hard of hearing, Children of Deaf Adult (CODA), and Siblings of Deaf children (SODA) campers from the state of Arkansas. Limited to age 8 to 18. Space is limited for all programs, so apply early!

2. Camp is open Sunday to Friday. All campers are required to check in on Sunday, June 5, 2022 from 2:00 - 4:00 p.m. before camp begins.

3. Registration, all paperwork and payment must be made in full and postmarked no later than **May 20th, 2022**. Cash or Check payable to ASD. Send the forms and payment to Arkansas School for the Deaf, Attention: Justin Billingsley, 2400 W Markham Street, Little Rock AR 72205.

If your child is a **current** student at ASD

Please fill out **Form 1** and

Form 2 if you want your child go to River View (MS/HS only)

REGISTER NOW

If your child is **NOT** a student at ASD

Please fill out **Form 1**

Form 2 if you want your child go to River View

ASD also needs **Form 3, 4, 5, 6, 7, and 8**

www.ARSchoolforthedeaf.org

Deadline

May 20th, 2022

Form 1

Arkansas School for the Deaf
2022 Summer Camp Registration

Child's Name: _____ DATE OF BIRTH: ____/___/_____ Grade Completed: _____

PLEASE CHECK

□ Child is student at Arkansas School for the Deaf

□ Child is Deaf/Hard of Hearing student that attends a different school

□ Child is a CODA (Child of Deaf Adult)

□ Child is a SODA (Sibling of Deaf Child)

T-Shirt Size (please check the box)

Child: □ S (6/8) □ M (10/12) □ L (14/16)

Adult: □ S □ M □ L □ XL □ 2XL □ 3XL

□ Other_____

PLEASE NOTE: Camp is from Sunday to Friday. Child will join the following weeks

Elementary Camp

□ Will attend both week OR □ Week # 1 (June 5-10) □ Week # 2 (June 12-17)

Middle & High School

□ Will attend both week OR □ Week # 1 (June 5-10) □ Week # 2 (June 12-17)

Day or Dorm

□ Child will stay in the dorm

DROP OFF– **Sunday** June 5th (Between 3-4pm)

PICK UP- **Friday** June 10th (1:00 pm)

DROP OFF– **Sunday** June 12th (Between 3-4pm)

PICK UP- **Friday** June 17th (12 pm Cookout)

□ Child will be a day time only student

DROP OFF– **Monday -Friday** 7:30 am @ Cafeteria

PICK UP- **Monday - Thursday** 2:30 pm

Friday June 17th (cookout Lunch– join with us)

CAMP NEWS: Parents can receive daily updates from camp. Please give the email address(es) that you would like to have update sent.

_____@_____ _____@_____

PAYMENT: I have included the following payment: (Check all that apply)

□ $ 50 1st child in family □ $ 25 2nd child □ $ 25 3rd child □ $ 25 4th child

□ $25 discount for MS/HS child unable to attend River View & Canoes due medical reasons

Please go to website to make the payment: https://arkansas-school-for-the-deaf.square.site/

_____ TOTAL PAYMENT INCLUDED

Form 2 (Middle/HS only) **DOCTOR SIGNATURE REQUIRED**

Middle & High School Campers

On June 13-16, our campers will travel to River View Cabin & Canoe (RVCC) for 4 fun-filled days. Activities may include:

- Horseback Riding
- Rock Climbing
- Swimming
- High Ropes Challenge
- 1-2 mile Hiking
- Paintball
- 9 hole Frisbee golf
- Fishing
- Yard Games

We will stay in cabins on their campground. Students will be supervised by our ASD staff. Our ASD school nurse will be onsite for minor medical needs. However this trip may not be suitable for campers requiring more significant medical support. Therefore, a medical clearance is required to attend. For students unable to attend this adventure, they will be given a $25 discount. No separate camp is provided for campers who do not attend RVCC.

PHYSICIAN SIGNATURE REQUIRED

It is my recommendation after reviewing all activities above at River View Cabin & Canoes camp program, that the camper is physically and emotionally able to participate in all RVCC camp activities camp program.

Camper Name:_____

Name of licensed provider (please print):_____ Title:_____

Signature:_____ Date:_____

Office Address:_____

City:_____ State:_____ Zip Code:_____

Telephone: (_____)_____

Form 3 (Non-ASD student)

ARKANSAS SCHOOL FOR THE DEAF

Transportation Department

Authorization Is Valid: June 5, 2022 - June 17, 2022

Student's Name: _____

Grade Completed at arrival of camp: _____

Safety Procedures:

I authorize Arkansas School for the Deaf to transport my child, named above, in a school Bus or Van, driven by an individual employed and authorized by Arkansas School for the Deaf- to and from any activities that will occur during the authorization date stated above. I understand my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and/or staff.

I have read, understand, and discussed with my child:

a. My child will travel in a motor vehicle driven by an adult and my child is to wear their safety belt during travel.

b. My child is expected to listen to supervising staff/driver, respect staff and other children, the vehicles they ride in, and the people they travel with during the trip.

c. Riding in a motor vehicle may result in personal injuries or death from wrecks, collisions or acts by riders, other drivers, or objects.

d. My child is to remain in their seat and not be disruptive to the driver of the vehicle.

e. My child and I understand that he/she can be sent home from camp for not following safety procedures while in school vehicles

Pick up/ Drop off at camp:

I understand that Arkansas School for the Deaf WILL NOT transport ANY student to/from homes or hometowns during summer camp. Parent is responsible for drop off and pick up to and from summer camp, as well as, if your child is sent home sick, sent home for behavioral issues, or has to come home for any other reason.

I have read this entire waiver and authorization form, I fully understand its terms and conditions, and I agree to be legally bound by its terms. I have submitted this completed form to Arkansas School for the Deaf by the date of May 30th, 2022.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Date: ____/____/_____

Form 4 (Non-ASD student)

CAMPER HEALTH HISTORY FORM 4

Return this form by:

MAY 30th, 2022

Dates will attend camp: from _____ (Month/Day/Year) to _____ (Month/Day/Year)

Camper Name: _____ (First) (Middle) (Last)

☐ Male ☐ Female Birth Date _____ (Month/Day/Year) Grade Completed at arrival at camp: _____

To Parent(s)/Guardian(s): Please follow the instructions below. Attach additional information if needed.

1. **Complete form 4, 5, 6, 7, 8 and make a copy.**
2. **Your Child's health-care provider complete form 8**
3. **Copy of immunization shot record.**

Camper Home Address: _____ (Street Address) (City) (State) (Zip Code)

Parent/guardian with legal custody to be contacted in case of illness or injury:

Name: _____ Relationship to Camper: _____ Preferred Phones: (_____) _____ (_____) _____

Email: _____

Home Address: _____ (If different from above) (Street Address) (City) (State) (Zip Code)

Second parent/guardian or other emergency contact:

Name: _____ Relationship to Camper: _____ Preferred Phones: (_____) _____ (_____) _____

Email: _____

Additional contact in event parent(s)/guardian(s) can not be reached:

Name: _____ Relationship to Camper: _____ Preferred Phones: (_____) _____ (_____) _____

Allergies: ☐ No known allergies. ☐ This camper is allergic to: ☐ Food ☐ Medicine ☐ The environment (insect stings, hay fever, etc.) ☐ Other

(Please describe below what the camper is allergic to and the reaction seen.)

Diet, Nutrition: ☐ This camper eats a regular diet. ☐ This camper eats a regular vegetarian diet. ☐ This camper is lactose intolerant. ☐ This camper is gluten intolerant. ☐ Other, ***please explain in space.***

Restrictions:

☐ I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.

☐ I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations. ***(Please describe below.)***

Medical Insurance Information:

This camper is covered by **Medical/Hospital insurance** ☐ Yes ☐ No

Include a copy of your insurance card if appropriate; copy both sides of the card so information is readable.

Insurance Company_____ Policy Number_____

Subscriber_____ InsuranceCompany Phone Number (_____)_____

Parent/Guardian Authorization for Health Care:

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Custodial Parent/Guardian _____ Date: _____ Relationship to Camper: _____

Form 5 (Non-ASD student)

CAMPER HEALTH HISTORY
FORM 5

Camper Name: _____
First Middle Last

Birth Date: _____ (Month/Day/Year)

Grade Completed at arrival at camp: _____

Health-Care Providers:

Name of camper's primary doctor(s): _____ Phone: (_____) _____

Name of dentist(s): _____ Phone: (_____) _____

Name of orthodontist(s): _____ Phone: (_____) _____

List below any other health care provider that our nursing staff need to be aware of , with name, field of medicine, and phone number:

Doctor Name: _____ Seen For: _____

Phone: (_____) _____

Doctor Name: _____ Seen For: _____

Phone: (_____) _____

Doctor Name: _____ Seen For: _____

Phone: (_____) _____

Medication:

☐ This camper will not take any daily medications while attending camp.
☐ This camper will take the following daily medication(s) while at camp:

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. ***Please review camp instructions about required packaging/containers. Many states require original pharmacy containers with labels which show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.***

Name of medication	Date started	Reason for taking it	When it is given	Amount or dose given	How it is given
			☐ Breakfast ☐ Lunch ☐ Dinner ☐ Bedtime ☐ Other time:_____		
			☐ Breakfast ☐ Lunch ☐ Dinner ☐ Bedtime ☐ Other time:_____		
			☐ Breakfast ☐ Lunch ☐ Dinner ☐ Bedtime ☐ Other time:_____		
			☐ Breakfast ☐ Lunch ☐ Dinner ☐ Bedtime ☐ Other time:_____		

The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. ***Cross out those the camper should not be given.***

Acetaminophen (Tylenol)
Antiacid Tablets
Antihistamine/allergy medicine
Diphenhydramine antihistamine/allergy medicine (Benadryl) Sore throat spray
Hydrocortisone 1% Cream
Ibuprofen (Advil, Motrin)
Burn Gel
Guaifenesin cough syrup (Robitussin)

Generic cough drops
Antibiotic cream

Form 6 (Non-ASD student)

CAMPER HEALTH HISTORY

FORM 6

Camper Name: _____
First Middle Last

Birth Date: _____ (Month/Day/Year)

Grade Completed at arrival at camp: _____

General Health History: ***Check "Yes" or "No" for each statement. Explain "Yes" answers below.***

Has/does the camper:

1. Ever been hospitalized?	☐ Yes ☐ No	11. Had fainting or dizziness?	☐ Yes ☐ No
2. Ever had surgery?	☐ Yes ☐ No	12. Passed out/had chest pain during exercise?	☐ Yes ☐ No
3. Have recurrent/chronic illnesses?	☐ Yes ☐ No	13. Had mononucleosis ("mono") during the past 12 months?	☐ Yes ☐ No
4. Had a recent infectious disease?	☐ Yes ☐ No	14. If female, have problems with periods/menstruation?	☐ Yes ☐ No
5. Had a recent injury?	☐ Yes ☐ No	15. Have problems with falling asleep/sleepwalking?	☐ Yes ☐ No
6. Had asthma/wheezing/shortness of breath?	☐ Yes ☐ No	16. Ever had back/joint problems?	☐ Yes ☐ No
7. Have diabetes?	☐ Yes ☐ No	17. Have a history of bedwetting?	☐ Yes ☐ No
8. Had seizures?	☐ Yes ☐ No	18. Have problems with diarrhea/constipation?	☐ Yes ☐ No
9. Had headaches?	☐ Yes ☐ No	19. Have any skin problems?	☐ Yes ☐ No
10. Wear glasses, contacts, or protective eyewear?	☐ Yes ☐ No	20. Traveled outside the country in the past 9 months?	☐ Yes ☐ No

Please explain "Yes" answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

Mental, Emotional, and Social Health: ***Check "Yes" or "No" for each statement.***

Has the camper:

1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? ☐ Yes ☐ No
2. Ever been treated for emotional or behavioral difficulties or an eating disorder? ☐ Yes ☐ No
3. During the past 12 months been hospitalized for mental/mental health concerns? ☐ Yes ☐ No
4. During the past 12 months, seen a professional to address mental/emotional health concerns? ☐ Yes ☐ No
5. Have a safety plan in place? ☐ Yes ☐ No
6. Had a significant life event that continues to affect the camper's life? ☐ Yes ☐ No
   (History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)

Please explain "Yes" answers in the space below, noting the number of the questions. The camp may contact you for additional information.

What Have We Forgotten to Ask? ***Please provide in the space below*** any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program. ***Attach additional information if needed.***

Form 7 (Non-ASD student)

Parent Authorization for Health Care at Arkansas School for the Deaf

I confirm that I am the parent of the child listed on this Health History form and as such I have current legal custody of said child. This health history is correct and accurately reflects the health status of the student to whom it pertains. I attest that all of my child's immunizations required for school are up to date and I will provide the immunization documentation to ASD Health Services. I give my permission to the physician selected by ASD staff to order x-rays, routine test including COVID 19 testing and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize and secure proper treatment for my child. I understand the information on this form will be shared on a "need to know" basis with the ASD staff. I give permission to photocopy this form. In addition Arkansas School for Deaf has my permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with ASD staff about my child's health status.

Student Name _____

Parent Signature _____Date _____/_____/_____

All Medication MUST Be Given to the Health Service Staff

Prescription drugs which are medicines sold only to you if you possess a valid prescription from a healthcare professional. (I.E. Antibiotics, antidepressants, behavioral medication, etc).

All medication must be in the original container with a current pharmacy label and date. This includes inhalers and epi-pens.

Arkansas School for the Deaf does not offer 24 hour nursing services, but a nurse is always on call.

Form 8 (Non-ASD student) **DOCTOR SIGNATURE REQUIRED**

I certify that I have reviewed the health history and examined _____ and find No contraindication for participating in Arkansas School for the Deaf summer camp 2022.

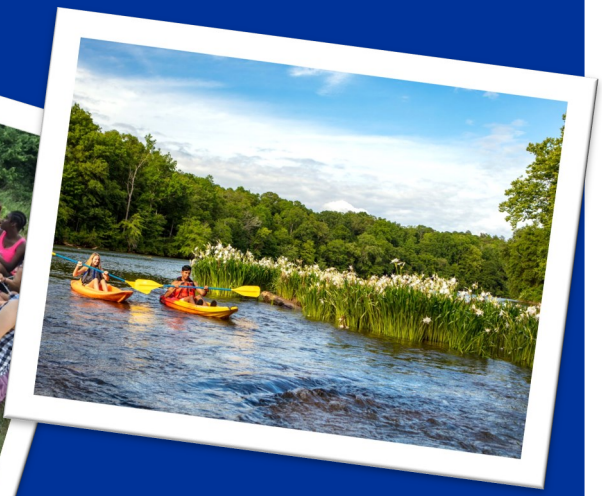
Physicians signature _____ Date _____

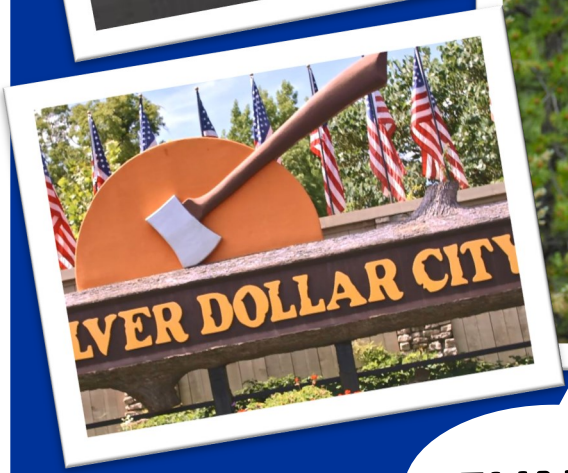
Physician's printed name _____

Address _____

City _____ State _____ Zip _____

Phone number _____





FUN!!!